

# **Southwest Region EMS and Trauma Care Council**

## **SYSTEM PLAN**

**July 1, 2021 – June 30, 2023**



Submitted By: Southwest Region EMS and Trauma Care Council

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## Introduction:

**MISSION:** Advance the Emergency Medical Service (EMS) and Trauma Care System.

**VISION:** A Region EMS and Trauma Care System of coordinated planning to provide the highest quality continuum of care from injury prevention to return to the community.

The Southwest Region Emergency Medical Services (EMS) and Trauma Care Council (Region Council) sustains and advances the WA EMS & Trauma Care System within Clark, Cowlitz, Klickitat, Skamania, South Pacific, and Wahkiakum counties. The Region Council was established in 1990 as a component of the WA EMS & Trauma Care System through the Revised Code of Washington ([RCW 70.168.100-70.168.130](#)) and Washington Administrative Code ([WAC 246.976.960](#)). The RCW and WAC task the Region Council and County Councils to administer and facilitate EMS & Trauma Care System coordination, evaluation, planning and develop system recommendations for the WA State EMS and Trauma Steering Committee and the Department of Health (DOH).

The Region Council informs ongoing EMS & Trauma Care System development through the exchange of information. The Region Council provides a forum for EMS system stakeholders to meet on a regular basis to facilitate collaboration to accomplish the Council's work. The Region Council is comprised of twenty-one (21) volunteer stakeholder representative positions. Stakeholders represent; EMS agencies, fire districts, hospitals, Medical Program Directors (MPD), 911 dispatch centers, law enforcement, elected officials, injury prevention, air medical, preparedness, and community members. DOH appoints the Council Members with County Council recommendation. Region Council Members participate on their local County Councils, Quality Improvement Committees, EMS Steering Committee Technical Advisory Committees (TAC) and other interdisciplinary committees. This broad representation cultivates the development of a practical, system wide approach to the coordination and planning of the EMS system.

The Region Council is a private 501(c)3 nonprofit organization. The Region Council is primarily funded by contract with the DOH to complete the work in this plan. The Chair, Vice Chair, Treasurer, and Secretary make up the Executive Committee that oversees the routine business of the Council between Council meetings. Overall oversight remains the responsibility of the entire Council. All financial transactions are approved at meetings, and substantive business decisions are done by a vote of the Council. The South Central Region Council and Southwest Region Council have successfully consolidated administrative work via contract since July 2012. This consolidation has reduced the duplication of administrative tasks and expenses, which allows both regions to accomplish the work of the DOH contract independently while maximizing system program support funding.

The Region Council collaborates with County Councils to support and advance the local EMS. In the course of conducting the County Council business system information is exchanged amongst the County Councils, local EMS Agencies and County EMS Providers, Region Council and DOH. Region Council staff participate at County Council meetings whenever practical. The Region Council and County Councils work collaboratively.

The following is a brief description of each county: profile:

- Clark County** is located in the approximate geographic center of the Southwest Region with a land area of 629 square miles and a population of 488,241 making it the fifth most populous county in Washington State. It is partially suburban and industrial with rural to wilderness areas. The Clark County EMS & Trauma Care Council meet the first Thursday of odd months.

Clark County Resource Statistics					
EMS Providers	450 - BLS	0 - ILS	264 - ALS		
	<b>Trauma Verified</b>	<b>EMS Licensed</b>	<b>ESSO</b>		
EMS Agencies	11	1	4		
	<b>Designated Trauma Level</b>	<b>Designated Rehabilitation Level</b>	<b>Designated Pediatric Level</b>	<b>Categorized Cardiac Level</b>	<b>Categorized Stroke Level</b>
Peace Health SW Medical Center	II	II	N/A	I	I
Legacy Salmon Creek	N/A	N/A	N/A	II	II
Training Program	Clark County EMS & Trauma Care Council, Ridgefield WA				
Training Program	North Country EMS, Yacolt WA				
Training Program	Clark Fire District #5 /NWR Training Center, Vancouver WA				
Training Program	The Resuscitation Group NW, Vancouver WA				

- Cowlitz County** has land area of 1,140.13 square miles a population of 110,593. It is mostly rural and with an industrial shipping port and home to Mt St Helens National Volcano and National Forest land which draw many tourists to the area. The Cowlitz County EMS & Trauma Care Council meets the first Wednesday of odd month.

Cowlitz County Resource Statistics					
<b>EMS Providers</b>	212 - BLS	0 - ILS	70 - ALS		
	<b>Trauma Verified</b>	<b>EMS Licensed</b>	<b>ESSO</b>		

<b>EMS Agencies</b>	11	1	2		
	<b>Designated Trauma Level</b>	<b>Designated Rehabilitation Level</b>	<b>Designated Pediatric Level</b>	<b>Categorized Cardiac Level</b>	<b>Categorized Stroke Level</b>
<b>Peace Health St. John Medical Center</b>	II	II	N/A	I	I
	N/A	N/A	N/A	II	II
<b>Training Program</b>	Cowlitz County EMS& Trauma Care Council, Longview WA				

**Klickitat County** is located along the Columbia River, with a land area of 1,871.31 square miles and a population of 22,425. Due to the very rural geographic distance to hospitals, they have long response and transport times. The county does have two small critical access hospitals. The County Council meets the Monday after the fourth Wednesday of every odd month.

<b>Klickitat County Resource Statistics</b>					
<b>EMS Providers</b>	75 - BLS	4 - ILS	18 - ALS		
	<b>Trauma Verified</b>	<b>EMS Licensed</b>	<b>ESSO</b>		
<b>EMS Agencies</b>	14	2	0		
	<b>Designated Trauma Level</b>	<b>Designated Rehabilitation Level</b>	<b>Designated Pediatric Level</b>	<b>Categorized Cardiac Level</b>	<b>Categorized Stroke Level</b>
<b>Klickitat Valley Health</b>	IV	N/A	N/A	II	III
<b>Skyline Hospital</b>	IV	N/A	N/A	II	III
<b>Training Program</b>	Klickitat County EMS District # 1, Goldendale WA				

- **Skamania County** has a land area of 1,655.68 square miles and a population of 12,083. This county is 90% wilderness United State Forest Service land. This means that response times can be very long and accessing patients can be difficult. The many tourists come to the area to participate in outdoor recreational activities. The County Council meets in accordance with their annually adopted schedule.

<b>Skamania County Resource Statistics</b>					
<b>EMS Providers</b>	31 - BLS	2 - ILS	10 - ALS		
	<b>Trauma Verified</b>	<b>EMS Licensed</b>	<b>ESSO</b>		
<b>EMS Agencies</b>	4	1	0		
	<b>Designated Trauma Level</b>	<b>Designated Rehabilitation Level</b>	<b>Designated Pediatric Level</b>	<b>Categorized Cardiac Level</b>	<b>Categorized Stroke Level</b>

<b>No Hospital</b>	N/A	N/A	N/A	N/A	N/A
<b>Training Program</b>	Skamania County EMS, Stevenson WA				

- South Pacific County** has a land area of 932.66 square miles and a population of 22,471. Only the southern half of Pacific County is located within the Southwest Region. At the time the original Region Council boundaries were established it was decided to divide Pacific County between two Regions, because the geography bisects the flow of patient transport destination to the north or south. The northern part of Pacific County is within the West Region and the South Pacific County is within the SW Region boundary. Pacific County is the furthest southwest land in WA. It borders Oregon State across the Columbia River to the south and the Pacific Ocean to the west. The County has major oceanic shipping lanes at the Columbia River and Pacific Ocean, as well as recreational water and fishing boat tourism throughout the year. Due to its coastal location the EMS system has developed specialized water rescue response techniques. The County Council meets the Tuesday after the first Wednesday of every odd month.

<b>South Pacific County Resource Statistics</b>					
<b>EMS Providers</b>	35 - BLS	2 - ILS	14 - ALS		
	<b>Trauma Verified</b>	<b>EMS Licensed</b>	<b>ESSO</b>		
<b>EMS Agencies</b>	4	2	0		
	<b>Designated Trauma Level</b>	<b>Designated Rehabilitation Level</b>	<b>Designated Pediatric Level</b>	<b>Categorized Cardiac Level</b>	<b>Categorized Stroke Level</b>
<b>Ocean Beach Hospital</b>	IV	N/A	N/A	II	III
<b>Training Program</b>	Pacific Co. FD # 1, Ocean Park WA				

- Wahkiakum County** has a land area of only 263.38 square miles and a population of 4,488. It is a small rural/wilderness logging county located toward the western end of the Columbia River. The local EMS agencies are 100% BLS manned by volunteers. ALS response service comes from Ilwaco WA or Astoria OR. Furthermore, there is no hospital in the county. The nearest hospitals are Ocean Bean Hospital, Ilwaco WA and Peace Health St. John, Longview WA. ALS arrival and transport times can be long. The County Council meets on the fifth Wednesday of months that have five Wednesdays.

<b>Wahkiakum County Resource Statistics</b>					
<b>EMS Providers</b>	29 - BLS	0 - ILS	1 - ALS		

	<b>Trauma Verified</b>	<b>EMS Licensed</b>	<b>ESSO</b>		
<b>EMS Agencies</b>	3	1	0		
	<b>Designated Trauma Level</b>	<b>Designated Rehabilitation Level</b>	<b>Designated Pediatric Level</b>	<b>Categorized Cardiac Level</b>	<b>Categorized Stroke Level</b>
<b>No Hospital</b>	N/A	N/A	N/A	N/A	N/A
<b>Training Program</b>	None				

Region EMS and Trauma Response Area Maps were developed as a tool for use in system planning. The maps describe geographic areas and the location of EMS and hospital resources providing services within each area. The area boundaries do not reflect any individual EMS agency jurisdiction, although some areas may appear to coincide with jurisdictions. DOH maintains an interactive Region EMS and Trauma Response Area Map within the EMS and Trauma Region and County Maps at:

<https://fortress.wa.gov/doh/ems/index.html>

On an ongoing basis the Region Council and County Councils maintain and bolster system sustainability through routine Council work, such as min/max numbers, PCPs, reviewing applications for new EMS agencies, etc. The Council Members receive “just in time training” which serves to address the task at hand and allow all Members to better understand the components of the EMS and Trauma System.

The Region Council accomplished much during the 2019-2021 plan period. A few of the noteworthy successes are:

- In response to the Covid-19 pandemic the Region and County EMS Councils, EMS agencies, and MPDs have worked with local public health care coalitions, emergency management (DEM) and all hazards preparedness partners to coordinate plan and support the Covid-19 response. The entire EMS system is dedicated to continuing to aid in the Covid-19 response for the foreseeable future.
- The Region Council provides training grants to all County Councils. The training grants benefit 51 EMS agencies and the Region’s approximately 1,300 EMS providers annually. The grants to County Councils reimburse direct EMS course expenses, OTEP, and training equipment. The grants also fund individual scholarships for initial EMS certification training. This has proved to be especially beneficial in rural counties which do not always have enough students or a local Training Program to host a full class. The Region Council scholarships allow students to attend EMS classes in neighboring counties allowing more opportunity to obtain EMS training where available.
- The Region Council provides injury prevention grants to all SW County Councils to support local injury prevention projects including child passenger safety, falls prevention, drowning prevention, pedestrian safety and falls prevention.

- EMS Training Programs administer DOH approved EMS certification courses in the Region. The training programs coordinate and provide approved WA State EMS initial certification training for Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic (PM). Also provided are DOH approved EMS certification endorsement courses for supraglottic airway, adult and pediatric patient peripheral intravenous and intraosseous insertion and infusion, and venous blood sample. Senior EMS Instructors (SEIs) are affiliated with Training Programs. A list of current Training Programs can be found in appendix #7. The Training Programs deliver high quality training. The result across the region is new well trained EMS providers eligible to test and apply for WA EMS certification.
- After King County EMS Online discontinued OTEP subscription service EMS providers, EMS Agencies, SEIs, and ESEs transitioned and adapted to new online OTEP platforms. Finding, comparing, then transitioning to a new online OTEP vendors was a time consuming and challenging process.
- The Region Council collaborated with the RAC TAC in the development of a statewide PCP template. It is better organized and prioritizes what belongs in the PCPs per statute and rule. The Region Council updated and reformatted the Region PCPs using the new template. The next step is collaboration of the Region Council, County Councils, and MPDs to develop a standardized template and revise county operating procedures (COPs).
- The E, NE, SW, and SC Region Councils collaboratively developed data driven process to standardize and educate how County Councils conduct prehospital EMS min/max needs assessments. It identifies process steps, areas of inquiry, locally obtainable prehospital response data sources and how to use the data to come to an informed recommendation on min/max numbers. The Region Council formally adopted the standard process for all County Councils within the Region. The new process was successfully used in Cowlitz County prehospital EMS min/max needs assessments. This process settled long standing questions about resource availability, the frequency of mutual aid responses out of primary response areas and actual response patterns. Everyone had the opportunity to provide impressions, historical anecdotes, and evidence-based input. Participants came away better educated on the overarching EMS System and the resources within their County.
- The Region Council and Region QI Committees meet on the same day. This coordination has increased attendance in-person and remotely, as a number of the

members participate in both meetings. The Region Council continues to serve as the fiscal agent for the Region CQI Committee.

- The Region Council administered a Coverdell Cardiac and Stroke Grant to increase EMS transport to Categorized Cardiac and Stroke facilities and increase data submission of stroke key performance indicators to WEMSIS.
- The Region Council has promoted registration and obtained grant funds to provide rural agencies introduction to WEMSIS training to increase WEMSIS data submission. These efforts have increased agency registration, participation and data submission.

The Region Council and County Councils have identified a number of challenges:

- The Covid-19 pandemic social distancing restrictions disrupted initial and ongoing EMS training. To ensure County Councils did not lose grant award funds for activities that were not able to be completed during 2020, the Region Council carried forward the unused program grants funding from FY19-20 into the FY20-21 grant period. In order to safely resume EMS training and protect instructors and providers training methods were modified to a hybrid combination of remote and in person sessions. There are concerns about learning in the environment of social distancing, as there has been a loss of individual and group interactive skills maintenance practice, patient contact in clinical rotation, as well as the collegial crew development that is gained during in person training. Compensating for the impact on providers, especially new providers, will need to be addressed to maintain an adequately trained workforce.
- The Region Council has not had a means to adequately assess the need and distribution of designated trauma and rehabilitation facilities to develop hospital min/max number recommendations. In the past, the Region Councils turned to enlisting help from the Region Quality Improvement Committees as subject matter experts to review and make recommendations on Trauma Designation min/max. In short, hospital min/max recommendations have been roughly based on what level of trauma service the designated facilities indicated they were capable of maintaining and seeking designation for rather than what the community need is. The Region Council and Region Quality Improvement Committees await guidance from the newly formed DOH led workgroup developing an effective method to conduct an assessment and develop recommendations on the distribution of lower levels of designated trauma facilities that can be adapted to use locally.
- The Region Council completed the revision and reformatting of the Region Patient Care Procedures (PCPs) to a standardized template. There is a need for local County Operating Procedures (COPs) to be reformatted in a similar

standardized template for consistency with the Region PCPs. This is an opportunity to identify what should be a COP versus a protocol and educate County Councils and MPDs. Like the new statewide PCP format, the development of a master standardized COPs template and clear definition of the scope of the COPs will eliminate inconsistencies among the County EMS field operations and improve operational cohesion between counties. Furthermore, there is not a mechanism in place to notify Region Councils when changes to COPs are submitted and approved by DOH when embedded within the MPD Protocols. Adding a formalized process step in the DOH protocol approval process for Region Councils to review and confirm the revised COPs are consistent with Region PCPs would resolve the current gap (similar to the Region Council review and comment page of agency license/verification application).

- Local rural and suburban volunteer EMS agencies continually to struggle with finding enough volunteer EMS providers. This continues to be a critical need for all counties because volunteers staff the majority of the EMS agencies in the region. The Region Council training grants have assisted with new and ongoing OTEP volunteer education. Only one SW agency (KCFD#7) is included in the DOH Rural EMS Assessment Project. Recruitment and retention are further challenged during the pandemic. The current Region Council focus is on how we can support the County Councils and agencies without adding to their workload.
- There are areas within the region without local EMS agency transport capability. The burden of response often falls on neighboring agencies on a "mutual" aid basis which can deplete the responding agency's resources and impair their ability to respond to their primary area.
- Despite efforts, representative position vacancies continue on the Region Council and County Council. Inconsistent participation of hospitals, EMS leaders, injury prevention, public health and other system partners at the Region Council and County Councils meetings create gaps in information sharing and system building. Only 2 of the 6 MPDs in the Region regularly attend and participate in the Region Council and Region QI Committee meetings. The MPDs have the ability to bring valuable insight to the Region meetings and communicate information directly back to EMS agencies and all EMS providers to improve the system is. There is work planned to increase membership and attendance.
- The Regional Quality Improvement Committee is a separate committee from the Region Council. The Region QI Committee is coordinated and led by designated hospitals per their designation requirements and WAC 246-976-910. Because the Region QI Committee is a function of designation regulations, the QI Committee meetings are attended by mostly hospital representatives, some prehospital EMS representatives while only 2 of the Region's 6 MPDs regularly attend. As such the Region QI Committee work is generally hospital centric. Therefore, the state

EMS data reviews, QI information, and resolutions identified in QI meetings may not getting disseminated to all MPDs and prehospital EMS agencies/providers. WEMSIS data that is shared with Region QI Committees are not informing the Region Council or County Councils for prehospital evaluation and planning.

- WEMSIS data continues to be unavailable for system assessment and planning, to the Region Council and County Councils, MPDs, prehospital EMS agencies, and hospitals. Legislation was enacted that now require agency data submission to WEMSIS. This legislation is a tremendous burden on non-electronic reporting agencies especially rural volunteer agencies both financially and additional workload. In many areas there is no internet access available to purchase. Other rural agencies will strain to afford to continue to provide EMS service with the high cost of satellite or other rural carriers. There is concern the additional workload may accelerate the loss of volunteer workforce. While usable WEMSIS data remains unavailable for prehospital EMS sustainability planning.
- Adequate sustainable funding remains a challenge for the region. The Region Council seeks outside grants in order to support the EMS providers and system improvements beyond the state contract.

The work set forth in this plan is designed to enhance the South Central Region EMS and Trauma Care System. As directed by the RCW and WAC, are tasked to provide an objective system-level analysis and make recommendations for system quality improvements to support and advance the system, the Region Council and County Councils will accomplish the work as outlined. The goals, objectives, and strategies section of this plan provide detail on how work will be completed. Each objective in this plan is crafted to build upon previous work so time is spent as efficiently as possible. The plan objectives and strategies are accomplished either by the Council Members during council meetings, in conjunction with County Councils, ad hoc committees or with a mix of approaches. In the past, the Region Council maintained a number of standing subcommittees. However, this created an environment where the same small number of people shouldered the majority of the work. Now ad-hoc work groups are appointed as needed and have replaced standing subcommittees. This change has fostered a more inclusive “all hands” participation approach.

This work is made possible by the DOH contract to maintain a forum, at Region Council and County Council meetings for County Council Members, MPDs, local EMS agencies, MPDs, hospitals, dispatch centers and other stakeholders to report what is working, what is not, and to collaborate on practical solutions. The information drawn will create a better understanding of standing practices and the ability to implement practical solutions to fine-tune the system. Region Council and County Councils will continue to engage partners to collaborate on solutions to system challenges, and most importantly give them a voice in the future direction of the WA EMS and Trauma System..

*GOAL 1*

**Maintain, assess and increase emergency care resources.**

Prehospital trauma verified services minimum/maximum (min/max) numbers are in place to reduce inefficient duplication of resources and provide service to underserved and unserved areas. Hospital Min/Max numbers outline the levels of designated trauma, pediatric, rehabilitation services, and within the region.

The WA Emergency Cardiac and Stroke System is a voluntary self-categorizing system of participating hospital that meet the care requirements of levels of service. There is not an established systematic method to notify prehospital agencies, County MPD and County/ Region Councils when changes in the level of service provided by a categorized Cardiac and Stroke facility occur. Therefore, the prehospital agencies, County MPDs, County Councils, and the Region Council will request the categorized Cardiac and Stroke facilities notify them of any changes of level of services in a timely manner.

An in depth analysis of the distribution of services, coordinated by the Region Council and the County Councils, will identify unserved and underserved areas and specific unmet system needs related to hospital designation and prehospital verification. The Region Council and the County Councils will use the information gained for future system planning.

The Region Council reviews and updates the Patient Care Procedures (PCPs) every two years and revises as needed. The Region PCPs are system operational procedures, developed by the Region Council with County Council and MPD input, based on the guidance and approval from the state DOH. A thorough review and update of each County COPs is needed to ensure consistency with the Region PCPs. Reformatting the COPs to a standardized template consistent with the new PCP format is needed.

Objective 1 By June 2023, the Region Council will review Verified Prehospital min/max numbers.  All due dates may be adjusted at the end of the revision project.	Strategy 1 By July 2022, the Region Council will request each County Council review the prehospital verified min/max numbers.
	Strategy 2 By January 2023, the Region Council will coordinate with the County Councils to review the prehospital verified min/max and the Regional Trauma Response Area Maps then update as needed.
	Strategy 3 By June 2023, the Region Council will consider any recommended changes from County Councils.
Objective 2 By June 2023, the Region Council will	Strategy 1 By November 2022, the Region Council will request the Region QI committee (as subject matter

review the Designated Trauma and Rehabilitation Services Min/Max numbers.	experts) review Designated Trauma and Rehabilitation services min/max numbers.
	Strategy 2 By January 2023, the Region Council will collaborate with the QI committee through the process of evaluating and/or recommending changes by providing information, and training as needed.
	Strategy 3 By June 2023, the Region Council will consider any recommendation to change the min/max numbers at a Region Council meeting.
Objective 3 By December 2021, the Region Council will review, and document categorized Cardiac and Stroke facilities.	Strategy 1 By December 2021, the participating categorized cardiac and stroke facilities will be asked to inform the County Councils, Region Council, MPD, prehospital transport agencies and the Region QI committee of any change of level of services.
	Strategy 2 By December 2021, the Region Council will review the current system plan list of categorized cardiac and stroke facilities in the region plan for accuracy.
Objective 4 By June 2023, the Region Council will collaborate with DOH to support system sustainability.	Strategy 1 By January 2023, as directed by DOH, the Region Council will collaborate with DOH and the RAC TAC in developing an effective method to support and advance the EMS system.
Objective 5 By June 2023, the Region Council and County Councils will collaboratively review the County Operating Procedures (COPS) and the Region Patient Care Procedures (PCPs).	Strategy 1 By September 2021, the Region Council will request the County Council review the COPs.
	Strategy 2 By June 2022, the Region Council will coordinate with the County Councils through the COPs review process of evaluating and/or making changes by providing information and training as needed.
	Strategy 3 By September 2022, the Region Council will collaborate with County Councils and MPDs to create a method of sending notices and following up on future changes to COPs.

	Strategy 4 By September 2022, the Region Council will collaborate with County Councils and MPDs to review the PCPs and update as needed.
	Strategy 5 By June 2023, the Region Council will maintain the Regional PCPs on the region's website.

<p style="text-align: center;"><i>GOAL 2</i></p> <p style="text-align: center;"><b>Support emergency preparedness activities.</b></p>	
<p>The Region Council serves as a forum for collaboration of multidisciplinary system partners to enhance EMS system readiness. Emergency Preparedness/Public Health participates on the Region Council to engage the multidisciplinary system partners. Emergency preparedness planning led by local health jurisdictions, regional coalitions, and federal preparedness organizations overlap the daily preparedness and response of the EMS and traumas system. Over recent years, the structure and roles of the various preparedness organizations have changed. It is necessary to identify the current organizations and roles to determine how the Region Council can effectively integrate the preparedness planning, exercise/drills and quality improvement. Throughout the declared emergency the Region Council will collaborate to support Region IV Healthcare Alliance and public health emergency preparedness partners response efforts to the Covid-19 pandemic.</p>	
<p>Objective 1 By January 2023, the Region Council will collaborate with Emergency Preparedness and EMS partners to support emergency preparedness response to incidents and planning.</p>	<p>Strategy 1 By September 2022, the Region Council will evaluate the structure and roles of the Region IV Healthcare Preparedness Alliance, Homeland Security Region 4 Emergency Management, Public Health Emergency Preparedness Region IV.</p>
	<p>Strategy 2 On an ongoing basis, the Region Council will collaborate with partners and participate in public health emergency response preparedness planning. (DOH, Public Health, Region IV Healthcare Preparedness Alliance, Public Health Emergency Preparedness Region IV, Homeland Security Region 4 Emergency Management)</p>
	<p>Strategy 3 Throughout the Covid-19 declared emergency the Region Council will collaborate to support Region IV Healthcare Alliance and public health emergency preparedness partners response efforts to the Covid-19 pandemic.</p>

<p style="text-align: center;"><i>GOAL 3</i></p> <p style="text-align: center;"><b>Plan, implement, monitor and report outcomes of programs to reduce the incidence and impact of injuries, violence and illness in the region.</b></p>	
<p>The importance of injury, illness, and violence prevention cannot be overstated. The Region Council has historically supported local prevention initiatives, and continues to do so, to the extent possible amid diminishing resources. Area hospitals and EMS agencies host a multitude of prevention activities that specifically address local issues as well as initiatives to reduce the leading causes of injuries. Gathering and compiling lists of injury prevention activities being done by IVP partners has not resulted in usable information. Falls are the leading cause of preventable morbidity and mortality. There is no statewide falls prevention initiative while locally driven projects have limited capabilities. The Region Council participates on the IVP TAC to develop a statewide evidenced-based injury prevention initiative. The Region supports the reduction of injury and violence morbidity and mortality by continuing to maintain prevention resource links on the regional website.</p>	
<p>Objective 1 By June 2023 the Region Council will promote best available or promising practices and programs.</p>	<p>Strategy 1 By July 2021, the Region Council will disseminate and maintain IVP best practices information/links on the region website.</p>
	<p>Strategy 2 By July 2023 the Region Council will assist in promoting and implementing a statewide falls initiative.</p>
<p>Objective 2 By June 2023, the Region Council will build sustainable prevention partnerships.</p>	<p>Strategy 1 By March 2022, the Region Council will participate in IVP TAC meetings and webinars as available to build sustainable prevention partnerships.</p>
	<p>Strategy 2 By June 2023, the Region Council will support and participate in state IVP initiatives as resources permit.</p>
<p>Objective 3 By June annually, the Region Council will administer IVP grants to the County EMS &amp; Trauma Care Councils.</p>	<p>Strategy 1 By May annually, the Region Council will request County Councils to use IVP data and best practices information to determine region IVP grant priorities.</p>
	<p>Strategy 2 By June annually, the County Councils will submit IVP grant requests for the following fiscal year.</p>
	<p>Strategy 3 By July annually, the Region Council will allocate available funding in the annual budget to support local IVP projects.</p>
	<p>Strategy 4 By August annually, the Region Council will establish IVP grant contracts with each County Council.</p>
	<p>Strategy 5 By June annually, and as IVP projects occur and</p>

	complete outcomes documentation received; the region will disperse funds.
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<i>GOAL 4</i>	
<b>Assess weaknesses and strengths of quality improvement programs in the region.</b>	
The Region Council is continuously striving for systemic quality improvement. The quality improvement (QI) committee reviews the EMS and trauma system to ensure the EMS system continues to evolve to meet the needs of the residents and visitors in our region. The quality improvement focus is the best care for the patient. EMS system components must be in place and operational to get the right patient, to the right care destination, in the right amount of time, thus improving the patient outcome by reducing morbidity and mortality.	
Objective 1 By September 2023, the Region Council will collaborate and support the Regional Quality Improvement Committee.	Strategy 1 By February 2022, the Region and County Councils will participate on the Regional Quality Improvement Committee.
	Strategy 2 By June 2023, the Region Council will serve as the fiscal agent for the Regional Quality Improvement Committee and provide other assistance as requested.
Objective 2 By May 2022, the Region Council will support EMS agency participation in WEMSIS.	Strategy 1 Throughout the plan period, the Region will participate on the DOH WEMSIS Workgroup.
	Strategy 2 By May 2022, the Region Council will request and host WEMSIS Data Training, to assist the prehospital EMS agencies.

<p style="text-align: center;"><i>GOAL 5</i></p> <p style="text-align: center;"><b>Promote regional system sustainability.</b></p>	
<p>The sustainability of the Region Council includes the overarching Region Council operations and ongoing system support to sustain and enhance the EMS and trauma system. Local and regional input enhances the planning and operations of the EMS system. The Region Council is composed of volunteer multidisciplinary system partner representatives from throughout the region. These dedicated professionals are subject matter experts within the EMS system that devote their time and effort to ensure the mission work of the council is completed. Combined, the Council Members contribute hundreds of hours of time and effort each year.</p> <p>In an effort to improve long-term Region Council sustainability and maximize funds, the Southwest and South Central Regions contracted with each other to consolidate business administration in 2012. By contract, the Southwest Region Council provides administrative services for the South Central Region Council. Each Region remains legally independent organizations therefore operate and contract with DOH separately.</p> <p>EMS agencies continually strive to meet increasing operational requirements. Providing EMS services comes at the cost of time, effort, and money for essential EMS Provider Training. To bridge the gap of resources, the Region Council provides training grant funding to each County Council to supplement the unique needs of each county. Volunteers remain the backbone of the rural EMS and Trauma System, therefore the region emphasizes support to encourage volunteers directly by offsetting training costs.</p> <p>Overall, the Region Council works toward a long-term sustainable future for all EMS system components in the region.</p>	
<p>Objective 1 Throughout the plan period, the Region Council will manage the business of the Council in a manner consistent with our WA nonprofit &amp; 501(c)3 status and DOH contract.</p>	<p>Strategy 1 By July annually, the Region Council will create an annual budget and submit a copy to DOH.</p>
	<p>Strategy 2 Throughout the plan period, the Region Council will review and approve contracts, deliverables and financial reports in accordance with the council fiscal control policies.</p>
	<p>Strategy 3 By November annually, the Region Council will submit the BARS report to the State Auditor's Office (SAO) as required and facilitate audits.</p>

Objective 2 By July biennially, the Region Council will maintain business contracts.	Strategy 1 Biennially per the DOH timeline, the Region Council will renew the contract with DOH for implementation of the Region System Plan and maintain ongoing contractual compliance oversight.
	Strategy 2 By July biennially, the Southwest and South Central Region Councils will renew the contract for administrative services and maintain ongoing contractual compliance oversight.
Objective 3 Throughout the plan period, the Region Council will manage Region Council membership to ensure EMS system stakeholders are represented.	Strategy 1 Throughout the plan period, the Region Council will maintain current roster membership positions, new appointments, appointment expirations, and reappointments.
	Strategy 2 Throughout the plan period, the Region Council will invite hospital, EMS agency, IVP representatives and other system partners to increase attendance and participation in County and Region Council meetings.
	Strategy 3 Throughout the plan period, the Region Council will coordinate Council/Committee meetings and communications with region partners.
	Strategy 4 Throughout the plan period, the Region Council will maintain information such as including the Region Council Handbook (etc.) on the region website.
Objective 4 Throughout the plan period, the Region Council will support EMS training for prehospital providers to enhance workforce development.	Strategy 1 By May annually, the Region Council will initiate the grant award process by notifying each County Council of the training needs assessment and application to be eligible for the grant.
	Strategy 2 June annually, the County Councils will submit a completed training needs assessment and grant application for the following fiscal year.

	Strategy 3 July annually, the region will allocate program grant funds to County Council grants. of all agencies.
	Strategy 4 By August annually, the Region Council will establish prehospital training grant contracts with each County Council.
	Strategy 5 Throughout the plan period, the Region Council will assist the County Councils with course coordination/equipment purchases.
	Strategy 6 Throughout the grant period, the Region Council will distribute grant funds as completed reimbursement request documentation is received at the Region Council office.

## Appendix 1

### Approved Minimum/Maximum (Min/Max) numbers of Designated Trauma Care Services in the Region (General Acute Trauma Services) by level

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/530101.pdf>

Level	State Approved		Current Status
	Min	Max	
II	1	1	1
III	1	1	1
IV	3	3	3
V	1	2	0
II P	0	1	0
III P	0	1	0

Designated Trauma Care Services in the Region		Designated Trauma
Clark	Peace Health Southwest Medical Center, Vancouver	II
Cowlitz	Peace Health St John Medical Center, Longview	III
Klickitat	Klickitat Valley Hospital, Goldendale	IV
South Pacific	Ocean Beach Hospital, Ilwaco	IV
Klickitat	Skyline Hospital, White Salmon	IV

## Appendix 2

### WA State Emergency Care Categorized Cardiac and Stroke System Hospitals

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf>

Cardiac Level I	Cardiac Level II	Cardiac Uncategorized	Stroke Level I	Stroke Level II	Stroke Level III	Stroke Uncategorized
1	5	0	1	1	4	0

  

Cardiac Level	Stroke Level	Name	City	County
II	III	Klickitat Valley Health	Goldendale	Klickitat
II	II	Legacy Salmon Creek Medical Center	Vancouver	Clark
II	III	Ocean Beach Hospital	Ilwaco	Pacific
II	III	Skyline Hospital	White Salmon	Klickitat
I	I	Peace Health Southwest Medical Center	Vancouver	Clark
II	III	Peace Health St John Medical	Longview	Cowlitz

		Center		
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### Appendix 3

#### Approved Minimum/Maximum (min/max) numbers of Designated Rehabilitation Trauma Care Services in the Region by level

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/689168.pdf>

Level	State Approved		Current Status
	Min	Max	
II	1	1	1
III*	0	0	0

\*There are no restrictions on the number of Level III Rehabilitation Services

Designated Trauma Rehabilitation Care Services in the Region		Designated Rehab
Clark	Peace Health Southwest Medical Center	II

(The appendices within this plan contain detailed charts with specific information for use in system planning. These are living documents and as such change during the plan period.)

## Appendix 4

### EMS Resources, Prehospital Verified Services, Prehospital Non-Verified Service

Region	EMS County UDL	Credential #	Credential Status	Agency Name	Mailing City	Expiration Date	Organization Type	Agency Type	Care Level	Ground Vehicles		Personnel		
										# AMB	# AID	# BLS	# ILS	# ALS
Southwest	Clark	AIDV.ES.000 00069	ACTIVE	East County Fire and Rescue	Camas	05/31/2021	Fire District	AIDV	BLS	0	7	18	0	0
Southwest	Clark	AIDV.ES.000 00070	ACTIVE	Fire District 3	Brush Prairie	05/31/2021	Fire District	AIDV	BLS	0	13	41	0	13
Southwest	Clark	AIDV.ES.000 00072	ACTIVE	Clark County Fire District 6	Vancouver	12/31/2021	Fire District	AIDV	ALS	0	12	44	0	22
Southwest	Clark	AIDV.ES.000 00074	ACTIVE	Clark County Fire District #10	Amboy	05/31/2021	Fire District	AIDV	BLS	0	10	32	0	0
Southwest	Clark	AIDV.ES.000 00083	ACTIVE	Vancouver Fire Department	Vancouver	12/31/2022	City Fire Department	AIDV	ALS	0	20	111	0	75
Southwest	Clark	AIDV.ES.000 00084	ACTIVE	Washougal Fire Department	Washougal	06/30/2021	City Fire Department	AIDV	BLS	0	2	4	0	0
Southwest	Clark	AIDV.ES.601 44296	ACTIVE	Clark County Fire District 13	Yacolt	06/30/2021	Fire District	AIDV	BLS	0	5	1	0	0
Southwest	Clark	AMB.ES.601 65968	ACTIVE	Metro West Ambulance Service	Hillsboro	12/31/2022	EMS District	AMB	ALS	35	0	0	0	8
Southwest	Clark	AMBV.ES.00 00082	ACTIVE	Camas Fire Department	Camas	06/30/2022	City Fire Department	AMBV	ALS	5	4	23	0	37
Southwest	Clark	AMBV.ES.00 00088	ACTIVE	North Country Emergency Medical Services	Yacolt	12/31/2021	EMS District	AMBV	ALS	0	0	33	0	11
Southwest	Clark	AMBV.ES.00 00089	ACTIVE	American Medical Response	Vancouver	04/30/2022	Private for Profit	AMBV	ALS	35	3	59	0	74
Southwest	Clark	AMBV.ES.60 181897	ACTIVE	Clark County Fire and Rescue	Ridgefield	06/30/2021	Fire District	AMBV	ALS	2	10	44	0	11
Southwest	Clark	ESSO.ES.60 282923	ACTIVE	Vancouver Police Department Tactical EMS	Vancouver	06/30/2022		ESSO		0	0	6	0	2
Southwest	Clark	ESSO.ES.60 298778	ACTIVE	Georgia Pacific Emergency Services	Camas	07/31/2021		ESSO		0	0	7	0	0
Southwest	Clark	ESSO.ES.60 390262	ACTIVE	Silver Star Search and Rescue	Washougal	06/30/2021		ESSO		0	0	1	0	0
Southwest	Clark	ESSO.ES.60 401204	ACTIVE	Clark County Sheriffs Office	Vancouver	06/30/2022		ESSO		0	0	4	0	2
Southwest	Cowlitz	AIDV.ES.000 00100	ACTIVE	Cowlitz Fire District #3	Toutle	10/31/2022	Fire District	AIDV	BLS	0	1	8	0	0
Southwest	Cowlitz	AIDV.ES.000 00104	ACTIVE	Cowlitz-Skamania Fire District #7	Ariel	07/31/2021	Fire District	AIDV	BLS	0	3	14	0	1
Southwest	Cowlitz	AMBV.ES.00 000098	ACTIVE	Cowlitz County Fire District #1	Woodland	10/31/2022	Fire District	AMBV	BLS	1	2	11	0	0
Southwest	Cowlitz	AMBV.ES.00 000099	ACTIVE	Cowlitz 2 Fire and Rescue	Kelso	08/31/2022	Fire District	AMBV	ALS	5	6	63	0	20
Southwest	Cowlitz	AMBV.ES.00 000102	ACTIVE	Cowlitz County Fire District #5	Kalama	10/31/2021	Fire District	AMBV	ALS	4	3	9	0	5
Southwest	Cowlitz	AMBV.ES.00 000103	ACTIVE	Cowlitz County Fire District #6	Castle Rock	07/31/2022	Municipality (city/county)	AMBV	ALS	2	0	18	0	4
Southwest	Cowlitz	AMBV.ES.00 000113	ACTIVE	American Medical Response Northwest Inc	Vancouver	04/30/2021	Private for Profit	AMBV	ALS	5	1	8	0	9
Southwest	Cowlitz	AMBV.ES.60 069891	ACTIVE	Life Flight Network	Aurora	12/31/2021	Private for Profit	AMBV	ALS	5	0	0	0	4
Southwest	Cowlitz	AMBV.ES.60 277988	ACTIVE	Longview Fire Department	Longview	04/30/2021	City Fire Department	AMBV	BLS	2	6	33	0	15
Southwest	Cowlitz	AMBV.ES.60 922694	ACTIVE	North Country Emergency Medical Services	Yacolt	12/31/2021	EMS District	AMBV	ALS	0	0	0	0	1
Southwest	Cowlitz	ESSO.ES.60 413906	ACTIVE	Foster Farms	Kelso	08/31/2022		ESSO		0	0	2	0	0
Southwest	Cowlitz	ESSO.ES.60 462026	ACTIVE	Cowlitz County Search and Rescue	Kelso	10/31/2022		ESSO		0	0	2	0	0

Data contained current as of 01/01/2021 (The appendices within this plan contain detailed charts with specific information for use in system planning. These are living documents and as such change during the plan period.)

Region	EMS County UDL	Credential #	Credential Status	Agency Name	Mailing City	Expiration Date	Organization Type	Agency Type	Care Level	Ground Vehicles		Personnel		
										# AMB	# AID	# BLS	# ILS	# ALS
Southwest	Klickitat	AID.ES.0000 0366	ACTIVE	Klickitat County Fire District #6	Dallesport	11/30/2022	Fire District	AID	BLS	0	1	3	0	0
Southwest	Klickitat	AID.ES.0000 0371	ACTIVE	Wishram Fire Department	Wishram	11/30/2021	Fire District	AID	BLS	0	1	2	0	0
Southwest	Klickitat	AIDV.ES.000 00365	ACTIVE	Klickitat County Fire Protection Dist #4	Lyle	03/31/2022	Fire District	AIDV	BLS	0	1	5	0	0
Southwest	Klickitat	AIDV.ES.000 00367	ACTIVE	Klickitat County Rural 7 Fire & Rescue	Goldendale	03/31/2022	Fire District	AIDV	BLS	0	2	9	0	0
Southwest	Klickitat	AIDV.ES.000 00372	ACTIVE	Klickitat County Fire Protective Dist. #12	Klickitat	11/30/2021	Fire District	AIDV	BLS	0	1	3	0	0
Southwest	Klickitat	AIDV.ES.000 00373	ACTIVE	Klickitat County Fire District #13/Appleton Fire Department	Appleton	11/30/2021	EMS District	AIDV	BLS	0	1	5	0	0
Southwest	Klickitat	AIDV.ES.000 00374	ACTIVE	Klickitat County Fire Protection District 14 High Prairie	Lyle	11/30/2021	Fire District	AIDV	BLS	0	2	2	0	0
Southwest	Klickitat	AIDV.ES.000 00375	ACTIVE	Klickitat County Fire District #15	Klickitat	11/30/2022	Fire District	AIDV	BLS	0	2	3	0	0
Southwest	Klickitat	AIDV.ES.605 65681	ACTIVE	White Salmon Fire Department	White Salmon	07/31/2021	City Fire Department	AIDV	BLS	0	1	2	0	0
Southwest	Klickitat	AIDV.ES.607 58605	ACTIVE	Goldendale Fire Department	Goldendale	04/30/2022	City Fire Department	AIDV	BLS	0	2	4	0	0
Southwest	Klickitat	AIDV.ES.608 49439	ACTIVE	Klickitat County Fire Protection District #10	Mabton	07/31/2022	Fire District	AIDV	BLS	0	1	0	0	0
Southwest	Klickitat	AMBV.ES.00 000363	ACTIVE	Klickitat County FPD #2	Bickleton	03/31/2022	Fire District	AMBV	BLS	1	0	7	1	0
Southwest	Klickitat	AMBV.ES.00 000368	ACTIVE IN RENEWAL	Glenwood Fire Depart #8	Glenwood	03/31/2021	EMS District	AMBV	BLS	1	0	4	0	1
Southwest	Klickitat	AMBV.ES.60 212316	ACTIVE	Klickitat County Fire Dist 3	Husum	03/31/2022	Fire District	AMBV	BLS	1	2	10	0	0
Southwest	Klickitat	AMBV.ES.60 315698	ACTIVE IN RENEWAL	Trout Lake Fire Department	Trout Lake	03/31/2021	Fire District	AMBV	BLS	1	0	10	0	0
Southwest	Klickitat	AMBV.ES.60 433763	ACTIVE	Klickitat County EMS District #1	Goldendale	11/30/2022	EMS District	AMBV	ALS	5	0	8	3	15
Southwest	Pacific	AID.ES.0000 0459	ACTIVE	Pacific County Fire Protection District #2/Chinook Fire Department	Chinook	02/28/2022	Fire District	AID	BLS	0	1	1	0	0
Southwest	Pacific	AIDV.ES.604 38182	ACTIVE IN RENEWAL	Long Beach Fire Department	Long Beach	02/28/2021	City Fire Department	AIDV	BLS	0	1	3	0	0
Southwest	Pacific	AMB.ES.000 00462	ACTIVE	Ilwaco Fire Department	Ilwaco	02/28/2022	City Fire Department	AMB	BLS	1	0	5	0	0
Southwest	Pacific	AMBV.ES.00 000467	ACTIVE IN RENEWAL	Medix Ambulance Service INC	Warrenton	02/28/2021	Private for Profit	AMBV	ALS	9	0	50	2	39
Southwest	Pacific	AMBV.ES.60 205115	ACTIVE	Naselle Volunteer Fire Department	Naselle	02/28/2022	EMS District	AMBV	BLS	2	1	4	0	0
Southwest	Skamania	AID.ES.6039 2697	ACTIVE IN RENEWAL	Skamania County Fire District #5	North Bonneville	01/31/2021	Fire District	AID	BLS	0	3	1	0	0
Southwest	Skamania	AIDV.ES.000 00604	ACTIVE IN RENEWAL	Skamania County Fire District No 4	Washougal	01/31/2021	Fire District	AIDV	BLS	0	2	11	0	0
Southwest	Skamania	AIDV.ES.000 00605	ACTIVE	Skamania County Fire Protection District #6	Cougar	01/31/2022	Fire District	AIDV	BLS	0	2	2	0	0
Southwest	Skamania	AMBV.ES.00 000607	ACTIVE IN RENEWAL	Skamania County EMS & Rescue	Stevenson	01/31/2021	Hospital District	AMBV	ALS	3	4	17	2	9
Southwest	Skamania	AMBV.ES.60 922729	ACTIVE	North Country Emergency Medical Services	Yacolt	12/31/2021	EMS District	AMBV	ALS	1	0	0	0	1
Southwest	Wahkiakum	AID.ES.0000 0761	ACTIVE	Skamokawa Fire Department	Skamokawa	09/30/2022	Fire District	AID	BLS	0	3	2	0	0
Southwest	Wahkiakum	AMBV.ES.00 000762	ACTIVE	Wahkiakum County Fire Protection District #3	Rosburg	09/30/2022	Fire District	AMBV	BLS	2	1	8	2	0
Southwest	Wahkiakum	AMBV.ES.00 000763	ACTIVE	Cathlamet Fire Department	Cathlamet	09/30/2022	Municipality (city/county)	AMBV	BLS	4	0	16	0	0
Southwest	Wahkiakum	AMBV.ES.60 898162	ACTIVE	Medix Ambulance Service INC	Warrenton	02/28/2022	Private for Profit	AMBV	ALS	1	0	1	0	0
Region Totals										133	143	794	10	379

## Appendix 5

### Approved Min/Max numbers of Verified Trauma Services

County (Name)	Verified Service Type	State Approved - <i>Minimum number</i>	State Approved - <i>Maximum number</i>	Current Status (# Verified for each Service Type)
<b>Clark</b>	AID – BLS	1	12	5
	AID – ILS	0	0	0
	AID – ALS	1	12	2
	AMB – BLS	1	4	0
	AMB – ILS	0	0	0
	AMB – ALS	1	4	4
<b>Cowlitz</b>	AID – BLS	1	5	2
	AID – ILS	0	0	0
	AID – ALS	1	5	0
	AMB – BLS	1	5	2
	AMB – ILS	0	0	0
	AMB – ALS	1	7	7
<b>Klickitat</b>	AID – BLS	1	11	9
	AID – ILS	0	0	0
	AID – ALS	1	4	0
	AMB – BLS	1	4	3
	AMB – ILS	0	0	0
	AMB – ALS	1	2	1
<b>Skamania</b>	AID – BLS	1	6	2
	AID – ILS	0	0	0
	AID – ALS	1	1	0
	AMB – BLS	1	1	0

	AMB – ILS	0	0	0
	AMB – ALS	1	2	2
<b>South Pacific</b>	AID – BLS	1	2	0
	AID – ILS	0	0	0
	AID – ALS	1	2	0
	AMB – BLS	1	2	1
	AMB – ILS	0	0	0
	AMB – ALS	1	1	1
<b>Wahkiakum</b>	AID – BLS	1	1	0
	AID – ILS	0	0	0
	AID – ALS	1	1	0
	AMB – BLS	1	3	2
	AMB – ILS	0	0	0
	AMB – ALS	1	2	1

## Appendix 6

### Trauma Response Areas by County

#### DOH Map Link to Trauma Response Areas

<https://fortress.wa.gov/doh/eh/maps/EMS/index.html>

- Trauma Response Areas are used by the Region Council for planning purposes. The identified areas within the maps are a description of general geographic areas. The maps are used as a means of describing what level of EMS service is available in any given geographic area (i.e. area 1 has 2 BLS AID services and 1 ALS AMB service). Although the trauma response areas identified may sometimes align with an EMS agency borders, the trauma response areas do not determine any EMS agency's actual service boundary. The level of EMS service provided in a given area is in the chart.

**\*Key: For each level the type and number should be indicated**

Aid-BLS = A                      Ambulance-BLS = D

Aid-ILS = B                      Ambulance-ILS = E

Aid-ALS = C                      Ambulance-ALS = F

**\*\*Explanation:** The *type and number* column of this table accounts for the level of care available in a specific trauma response area that is provided by verified services. Some verified services (agencies) may provide a level of care in multiple trauma response areas therefore the **total type and number of verified services depicted in the table may not represent the actual number of State verified services available in a county; it may be a larger number in Trauma Response Area table.** The verified service minimum/maximum table will provide accurate verified service numbers for counties.

Clark County	Trauma Response Area Number	Description of Trauma Response Area's Geographic Boundaries	Type and # of Verified Services available in each Response Areas
	# 2	Within the boundaries of Vancouver Fire Department	C-1, F-1
	# 3	Within the boundaries of Clark FPD # 3	A-1, F-1
	# 5	Within the boundaries of Clark FPD # 5	C-1, F-1
	# 6	Within the boundaries of Clark FPD # 6	C-1, F-1
	# 7	Within the city limits of Camas	F-1
	# 8	Within the city limits of Washougal	A-1, F-1
	# 9	Within the boundaries of Clark FPD #9 and # 1	A-1, F-1
	# 10	Within the boundaries of Clark FPD # 10	A-1, F-1
	# 11	Within the boundaries of Clark FPD # 11 and the city limits of Battleground	C-1, F-1
	# 12	Within the boundaries of Clark FPD # 12	C-1, F-1
	# 13	Within the boundaries of Clark FPD # 13	F-1
	# 20	Within the boundaries of Clark FPD # 2	A-1, F-1
	# 100	Northeast of Trauma Response Area # 13, east of Trauma Response Area # 10 to the northern and eastern county line	None
	# 101	Land Area between Trauma Response Areas # 3, # 5, and # 9	None
	# 102	Parcel between Trauma Response Area # 5 and # 9	None
	# 103	Area bordering the eastern county line between Trauma Response Area # 3, #9, and # 13	None
	# 104	Area between Trauma Response Area # 10 to the northern county line	None

	# 105	Area between Trauma Response Area # 10 to the northern county line	None
	# 106	Area between Trauma Response Area #2, #6, and # 12 to the western county line	None
<b>Cowlitz County</b>	<b>Trauma Response Area Number</b>	<b>Description of Trauma Response Area's Geographic Boundaries</b>	<b>Type and # of Verified Services available in each Response Areas</b>
	# 1	Within the boundaries of Cowlitz FPD # 1 and the city limits of Woodland	D-2, F-1
	# 2	Within the boundaries of Cowlitz FPD # 2 and the city limits of Kelso	F-1
	# 3	Within the boundaries of Cowlitz FPD # 3	A-1, F-1
	# 4	Within the boundaries of Cowlitz FPD # 4	A-1
	# 5	Within the boundaries of Cowlitz FPD # 5	F-1
	# 6	Within the boundaries of Cowlitz FPD # 6 and the city limits of Castle Rock	F-1
	# 7	Within the boundaries of Cowlitz-Skamania FPD # 7	A-1, F-1
	# 8	Within the city limits of Long View and land area to the southern county line	A-1, F-1
	# 100	All land area between Trauma Response Area # 2, # 4, # 6, and the northern and western county line	None
<b>Klickitat County</b>	<b>Trauma Response Area Number</b>	<b>Description of Trauma Response Area's Geographic Boundaries</b>	<b>Type and # of Verified Services available in each Response Areas</b>
	# 1	Within the boundaries of Klickitat FPD # 1	A-1, F-1
	# 2	Within the boundaries of Klickitat FPD # 2	D-1, F-1
	# 3	Within the boundaries of Klickitat FPD # 3	A-1, F-1
	# 4	Within the boundaries of Klickitat FPD #	A-1, F-1

		4	
	# 5	Within the boundaries of Klickitat FPD # 5	F-1
	# 6	Within the boundaries of Klickitat FPD # 6	F-1
	# 7	Within the boundaries of Klickitat FPD # 7	A-1, F-1
	# 8	Within the boundaries of Klickitat FPD # 8	D-1, F-1
	# 9	Within the boundaries of Klickitat FPD # 9	A-1, F-1
	# 10	Within the boundaries of Klickitat FPD # 10	A-1, F-1
	# 11	Within the boundaries of Klickitat FPD # 11	F-1
	# 12	Within the boundaries of Klickitat FPD # 12	A-1, F-1
	# 13	Within the boundaries of Klickitat FPD # 13	A-1, F-1
	# 14	Within the boundaries of Klickitat FPD # 14	A-1, F-1
	# 15	Within the boundaries of Klickitat FPD # 15	A-1, F-1
	# 100	Land Area west of Glenwood Rd. to the western and northern county lines outside Trauma Response Areas # 1, #3, #4, and #13	None
	# 101	Land area east of Glenwood Rd. to Status Loop Rd. to the northern county line outside Trauma Response Areas # 5, #6, #7, #12, #14 and #15	None
	# 102	Land area east of Status Loop Rd. to the northern county line outside Trauma Response Areas # 2, #7, and # 9	None
<b>Skamania County</b>	<b>Trauma Response Area Number</b>	<b>Description of Trauma Response Area's Geographic Boundaries</b>	<b>Type and # of Verified Services available in each Response Areas</b>
	# 1	Within the boundaries of Skamania County, Washington. Area "1" indicates	F-1

		ALS AMB (Skamania PHD #1) serve the entirety of Skamania County. The areas identified as "1-1, 1-2, 1-3, etc. are collaboratively served by local BLS AID service or non-verified licensed EMS agencies.	
	# 1-1	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 1	F-1
	# 1-2	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 2	F-1
	# 1-3	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 3	F-1
	# 1-4	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 4	A-1, F-1
	# 1-5	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 5	F-1
	# 1-6	Within the jurisdictional boundaries of Skamania FPD # 6	A-1, F-1
	# 1-7	Within the jurisdictional boundaries of Cowlitz-Skamania FPD # 7	A-1, F-2
	# 1-8	Within the jurisdictional boundaries of Emergency Medical Services District No 1 and the Skamania County Public Hospital District No 1	F-2
<b>South Pacific County</b>	<b>Trauma Response Area Number</b>	<b>Description of Trauma Response Area's Geographic Boundaries</b>	<b>Type and # of Verified Services available in each Response Areas</b>
	# 1	Within the boundaries of Pacific FPD # 1 and the city limits of Long Beach	F-1
	# 2	Within the boundaries of Pacific FPD # 2	A-1, F-1
	# 3	Within the city limits of Ilwaco	F-1
	# 4	Within the boundaries of Pacific FPD # 4 and the city limits of Naselle, north to the north/south Pacific County division	F-1

		boundary line	
	# 100	All land area outside Trauma Response Areas # 1, 2, and 4, to the north/south Pacific County division line and eastern, southern and western county lines	None
	# 101	Northern tip of peninsula beyond Trauma Response Area # 1 boundary	None
	# 102	Southern tip of peninsula beyond Trauma Response Area # 3 boundary	None
<b>Wahkiakum County</b>	<b>Trauma Response Area Number</b>	<b>Description of Trauma Response Area's Geographic Boundaries</b>	<b>Type and # of Verified Services available in each Response Areas</b>
	# 1	Within the boundaries of Wahkiakum FPD # 1 and # 4, and the city limits of Cathlamet	D-1
	# 2	Within the boundaries of Wahkiakum FPD # 2	D-1
	# 3	Within the boundaries of Wahkiakum FPD # 3	D-1
	# 100	All land area outside Trauma Response Area # 3 west of milepost 22 on State Route 4, to the western, northern, and southern county lines	None
	# 101	All land area outside Trauma Response Areas # 1 and # 2 east of milepost 22 on State Route 4, to the eastern, northern, and southern county lines	None

## Appendix 6

### Approved Training Programs

TRNG.ES.60807076-PRO	Clark County EMS & Trauma Care Council	Ridgefield	Clark
TRNG.ES.60119630-PRO	North Country Emergency Medical Services	Yacolt	Clark
TRNG.ES.60116488-PRO	Northwest Regional Training Center	Vancouver	Clark
TRNG.ES.60649021-PRO	The Resuscitation Group NW	Vancouver	Clark
TRNG.ES.60123036-PRO	Cowlitz County EMS & Trauma Council	Longview	Cowlitz
TRNG.ES.60564289-PRO	Klickitat County EMS District #1	Goldendale	Klickitat

TRNG.ES.60128932-PRO	Pacific County Fire District #1	Ocean Park	Pacific
TRNG.ES.60135686-PRO	Skamania County EMS	Stevenson	Skamania

## Appendix 8

### Southwest Region PCPs

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The following regulations provide guidance on the subject matter contained in this document. Please note, that this is not an inclusive list. For more information please contact a Department of Health Emergency Care System representative.

## **Regulations**

### **1.1 Revised Code of Washington (RCW):**

- A. **RCW 18.73** – Emergency medical care and transportation services
  - 1. RCW 18.73.030 - Definitions
- B. **RCW Chapter 70.168** – Statewide Trauma Care System
  - 1. RCW 70.168.015 – Definitions
  - 2. RCW 70.168.100 – Regional Emergency Medical Services and Trauma Care Councils
  - 3. RCW 70.168.170 – Ambulance services – Work Group – Patient transportation – Mental health or chemical dependency services

### **1.2 Washington Administrative Code (WAC):**

- A. **WAC Chapter 246-976** – Emergency Medical Services and Trauma Care Systems
  - 1. WAC 246-976-920 – Medical Program Director
  - 2. WAC 246-976-960 – Regional Emergency Medical Services and Trauma Care Councils
  - 3. WAC 246-976-970 – Local Emergency Medical Services and Trauma Care Councils

## **1. Level of Medical Care Personnel to Be Dispatched to An Emergency Scene**

### **1. PURPOSE:**

The appropriate level of emergency, BLS, ILS, ALS personnel, aid or ambulance services will be dispatched to the emergency incident scene to provide timely patient care.

### **2. SCOPE:**

Appropriate licensed and trauma verified aid and ambulance services are dispatched to all emergency medical and trauma incidents within an identified service area.

### **3. GENERAL PROCEDURES:**

#### **a. Dispatch**

- i. Local EMS and Trauma Care Council's should identify primary and secondary Public Safety Answering Point (PSAP)/dispatch in each county and provide information to the Region Council of any changes.
- ii. Dispatchers should be trained in and use an Emergency Medical Dispatch (EMD) Guidelines Program to include pre-arrival instructions.
- iii. The appropriate level of service will be dispatched to the incident.
- iv. EMS services should proceed in an emergency response mode until they have been advised of non-emergent status unless advised of non-emergent status by dispatch.
- v. EMS services are responsible to update; PSAP/dispatch, DOH, Local and Region Councils, of any response area changes as soon as possible.
- vi. In the event a patient approaches a service seeking help or a unit happens upon an incident, PSAP/dispatch must be contacted to activate the EMS system.

#### **b. Response Times**

Response times are measured from the time the call is received by the responding agency until the time the agency arrives on scene.

#### **c. Cancellation of Response Criteria**

In coming units and on-scene EMS providers will communicate patient status report before cancelling response when practical.

For all level EMS Agencies;

- i. The responsible party for patient care decisions is the highest-level EMS provider on scene with the patient.
- ii. Communication with PSAP/dispatch that no patient is found or non-injury or the following conditions are confirmed. (Proceed if requested by law enforcement.)
  - a. Decapitation
  - b. Decomposition
  - c. Incineration
  - d. Lividity and Rigor Mortis

**d. Slow Down**

- i. Transport units may be slowed by first in on scene emergency responder.
- ii. The first in on scene unit may convey available patient information to responding transport units.

**e. Diversion to another emergency call**

An EMS transport unit may be diverted to another call when:

- i. It is obvious the second call is a life-threatening emergency and first-in EMT's and/or paramedics report that first call can await a second unit.
- ii. A second ambulance is requested to the first call.
- iii. The highest-level transport responding unit is closer to the second call and may be vital to the patient's outcome.
- iv. If Priority Dispatch System used, follow local county operating procedures (COPs) for diversion to another call.

**f. Staging/Standby**

Dispatch should provide ALL pertinent information to the responding units so they can decide whether to stage and provide the same information to law enforcement responding units. Units will advise Dispatch of intent to stage and request Law Enforcement response.

**4. APPENDICES: None**

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Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major <input type="checkbox"/> Minor
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## **2. Guidelines for Rendezvous With Agencies That Offer Higher Level Of Care**

### **1. PURPOSE:**

To guide EMS providers to initiate rendezvous with a higher level of care while en route to a receiving hospital based on patient needs and resource availability.

### **2. SCOPE:**

BLS or ILS units may rendezvous with a higher level of care. Rendezvous is appropriate when;

- a. Patient may benefit from a higher level of care.
- b. Resources may be limited or not available.

### **3. GENERAL PROCEDURES:**

- a. The BLS/ILS ambulance may request ALS ambulance rendezvous by contacting dispatch.
- b. Ground ambulance should rendezvous with a higher level of care based on patient illness or injury,
- c. Benefit to patient should outweigh increase to out of hospital time.
- d. Based on updated information, requesting units may cancel the rendezvous by contacting dispatch.
- e. EMS providers should use effective communication with all incoming and on scene emergency responders at all times with patient care as their highest priority.
- f. Communication should include patient report when appropriate.

### **4. APPENDICES: None**

Submitted by:	Change/Action:	Date:	Type of Change
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### **3. Air Medical Services - Activation and Utilization**

**1. PURPOSE:**

Air Medical Service activation and utilization provides expeditious transport of critically ill or injured patients to the appropriate hospital including designated/categorized receiving facilities.

**2. SCOPE:**

Licensed and trauma verified aid and/or ambulance services utilize the county protocols and county operating procedures (COPs) consistent with current “WA Statewide Recommendations for EMS Use Air Medical” (within the WA State Air Medical Plan) to identify and direct activation and utilization of air medical services.

**3. GENERAL PROCEDURES: (content based on State Air Medical Procedure)**

- a. For scene transport to be efficacious and optimize patient outcome, the air medical response should take significantly less time than it takes to travel by ground to the closest appropriate facility. Another strong consideration should be given to activating the helicopter from the scene, and rendezvous at the local hospital. This decision should be made as per local COPS in conjunction with local medical control.
- b. Responders should involve dispatch to contact and activate air medical response to maintain system safety and integrity. The dispatching agency will provide the helicopter with the correct radio frequency to use for contacting EMS ground units.
- c. Responding EMS service may activate air medical service prior to arrival on scene based on dispatch information or upon arrival on scene based on initial assessment.
- d. Air medical service will provide ETA of available fully staffed closest air ambulance.
- e. The final patient transport and destination decisions will be made on the scene.
- f. Air medical service will notify PSAP/dispatch when activated by a mechanism outside the emergency dispatch system.

Air Medical transport is recommended for the following:

Trauma – patient condition identified as a major trauma per the trauma triage

tool. (see link to the WA Trauma Triage Destination Procedure in appendix)

**Non-trauma:**

- a. Any patient airway that cannot be maintained.
- b. Patient with cardiac disease and is experiencing a progressively deteriorating course, is unstable, and/or requires measures not available en route (e.g. ALS level care, cardiac catheterization, thrombolytic therapy.)
- c. Patient is experiencing a severe neurological illness requiring neurosurgical or other intervention that is not available en route. (CVA, uncontrolled seizures, etc.)

Follow local COPs for exception and exclusion criteria.

**4. APPENDICES:**

**Link to DOH website:**

**WA State Air Medical Plan**

<https://www.doh.wa.gov/portals/1/Documents/Pubs/530129.pdf>

**WA Trauma Triage Destination Procedure:**

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf>

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#### **4. On Scene Command**

**1. PURPOSE:**

Provide coordinated and systematic delivery of patient centric emergency medical care and transport services at all incidents, to include single EMS agency, multi-agency, and multi-jurisdictional responses.

**2. SCOPE:**

The National Incident Management System (NIMS) Incident Command System (ICS) will be used when establishing on scene command.

**3. GENERAL PROCEDURES:**

- a. Agencies are responsible for ensuring responders are trained in NIMS ICS per FEMA guidelines at the appropriate level.
- b. ICS guidelines will be followed when establishing command and assigning other roles based on incident needs.
- c. The Medical Group Supervisor should be an individual trained in the ICS, familiar with both the local EMS resources and the county Mass Casualty Incident and Disaster Plan, and capable of coordinating the medical component of a multiple patient incident.
- d. Unified Command: An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, often the senior person from agencies and/or disciplines participating in the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan.

**4. APPENDICES: None**

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Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major <input type="checkbox"/> Minor
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## **5. Prehospital Triage and Destination Procedure**

### **1. PURPOSE:**

Provide guidance for transport destination decisions for Trauma, Cardiac, Stroke, Mental Health and Chemical Dependence patients from the emergency medical scene to the appropriate receiving facility.

### **2. SCOPE:**

Coordinated system of care which identifies hospital levels of services available for specific categories of patient need. The triage destination procedures inform EMS providers of patient triage criteria algorithm to identify the transport destination to the appropriate designated/categorized hospital receiving facilities.

### **3. GENERAL PROCEDURES:**

EMS providers use the statewide triage destination procedures to identify transport of critically ill or injured patients to the appropriate designated/categorized hospital receiving facilities for definitive care.

### **4. APPENDICES: None**

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major <input type="checkbox"/> Minor
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## **5.1 Trauma Triage and Destination Procedure**

### **1. PURPOSE:**

Trauma patients are identified and transported to the most appropriate trauma designated hospital receiving facility to reduce death and disability.

### **2. SCOPE:**

Licensed and trauma verified aid and/or ambulance services utilize the most current State of WA Prehospital Trauma Triage (Destination) Procedure to identify and direct transport of patients to the appropriate trauma designated hospital.

### **3. GENERAL PROCEDURES:**

Prehospital providers will utilize the most current State of WA Prehospital Trauma Triage (Destination) Procedure, local COPs, and Medical Program Director (MPD) protocols to direct prehospital providers to transport patients to an appropriate WA State trauma designated hospital receiving facility.

### **4. APPENDICES:**

**Link to DOH website: WA Trauma Triage Destination Procedure:**

**<https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf>**

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Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major <input type="checkbox"/> Minor
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## **5.2 Cardiac Triage and Destination Procedure**

### **1. PURPOSE:**

Patients presenting with signs and symptoms of acute cardiac distress are identified and transported to appropriate categorized WA State Emergency Cardiac System participating hospital to reduce death and disability.

### **2. SCOPE:**

Licensed and trauma verified aid and/or ambulance services utilize the most current State of WA Prehospital Cardiac Triage Destination Procedure to identify patients with signs or symptoms of acute cardiac distress and transport to the appropriate categorized cardiac hospital.

### **3. GENERAL PROCEDURES:**

Prehospital providers will utilize the most current State of WA Prehospital Cardiac Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized WA State Emergency Cardiac System participating hospital.

### **4. APPENDICES:**

**Link to DOH website: WA Cardiac Triage Destination Procedure:**

**<https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf>**

**Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals**

**<https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf>**

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major <input type="checkbox"/> Minor
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### **5.3 Stroke Triage and Destination Procedure**

**1. PURPOSE:**

Patients presenting with signs and symptoms of acute stroke are; identified and transported to the appropriate categorized WA State Emergency Stroke System participating hospital to reduce death and disability.

**2. SCOPE:**

Licensed and trauma verified aid and/or ambulance services utilize the most current State of Washington Prehospital Stroke Triage Destination Procedure to identify patients with signs or symptoms of acute stroke and transport to the appropriate categorized stroke hospital.

**3. GENERAL PROCEDURES:**

Prehospital providers will utilize the most current State of WA Prehospital Stroke Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized WA State Emergency Stroke System participating hospital.

**4. APPENDICES:**

**Link to DOH website: WA Stroke Triage Destination Procedure:**

**<https://www.doh.wa.gov/Portals/1/Documents/Pubs/346049.pdf>**

**Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals**

**<https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf>**

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## **5.4 Mental Health and Chemical Dependency Destination Procedure**

### **1. PURPOSE:**

Operationalize licensed ambulance services transport of patients from the field to alternate facilities for mental health or chemical dependency services.

### **2. SCOPE:**

Licensed ambulances may transport patients from the field to mental health or chemical dependency services in accordance with RCW 70.168.170.

### **3. GENERAL PROCEDURES:**

- a. Prehospital EMS agencies and receiving mental health and/or chemical dependency facility participation is voluntary.
- b. Participating agencies and facilities will adhere to the WA State Department of Health Guidelines in accordance with RCW 70.168.170.
- c. Facilities that participate will work with the MPD and EMS agencies to establish criteria for accepting patients.
- d. MPD and Local EMS and Trauma Care Council will develop county operating procedures.
- e. Upon implementation and during ongoing operation of transport to alternate receiving facilities the following will be in place with DOH approval;
  - i. County Operating Procedure (COPs)
  - ii. MPD patient care protocols
  - iii. EMS provider education

### **4. APPENDICES: none**

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Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major <input type="checkbox"/> Minor
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## **6. EMS/Medical Control Communications**

### **1. PURPOSE:**

Communications between prehospital personnel, base station hospital (online medical control) and all receiving healthcare facilities are interoperable to meet the system needs.

### **2. SCOPE:**

Communications between prehospital personnel, base station hospital (online medical control) and all receiving health care facilities (to include designated trauma services and categorized cardiac and stroke services) utilize effective communication to expedite patient care information exchange.

### **3. GENERAL PROCEDURES:**

- a. Communication between EMS providers and healthcare facilities may be done directly or indirectly via local PSAP/dispatch.
- b. Based on geographic area communication via radio and cell phone and telephone may be used to expedite the exchange of information as needed.
- c. EMS agencies and receiving healthcare facilities will maintain communication equipment and training to communicate effectively.

### **4. APPENDICES: none**

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## **7. Hospital Diversion**

### **1. PURPOSE:**

Hospitals have diversion policies to divert trauma, cardiac, or stroke patients to other appropriate facilities based on that facility's inability to provide care and intervention.

### **2. SCOPE:**

All designated trauma services and categorized cardiac and stroke hospitals within the Region have written policies to divert patients to other appropriate designated or categorized facilities.

### **3. GENERAL PROCEDURES:**

- a. Hospitals identify communication procedures for redirection/diversion of trauma, cardiac and stroke patients to another facility when resources are unavailable. The hospital must notify the EMS transport agencies and other designated services in their area.
- b. Exceptions to redirection/diversion:
  - i. Airway compromise
  - ii. Cardiac arrest
  - iii. Active seizing
  - iv. Persistent shock
  - v. Uncontrolled hemorrhage
  - vi. Urgent need for IV access, chest tube, etc.
  - vii. Disaster Declaration
  - viii. Paramedic Discretion

### **4. APPENDICES: None**

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Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major	<input type="checkbox"/> Minor
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## **8. International Cross Border Transport**

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**1. PURPOSE:**

**2. SCOPE:**

**3. GENERAL PROCEDURES:**

**4. APPENDICES:**

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## **9. Inter-Facility Transport Procedure**

### **1. PURPOSE:**

Guidance on transferring high-risk trauma and medical patients without adverse impact to clinical outcomes.

### **2. SCOPE:**

All interfacility patient transfers via ground or air shall be provided by appropriate licensed or verified service with appropriate certified personnel and equipment to meet the patient's needs.

### **3. GENERAL PROCEDURES:**

- a. Medical responsibility during transport should be arranged at the time of the initial contact between referring and receiving physicians, and transfer orders should be written after consultation between them.
- b. Immediately upon determination that a patient's needs exceed the scope of practice and/or protocols, prehospital personnel shall advise the facility that they do not have the resources to do the transfer.
- c. When online medical control is not available, prehospital protocols shall be followed during an EMS transport in the event that an emergency situation occurs while en route that is not anticipated prior to transport.
- d. While en route, the transporting agency should communicate patient status and estimated time of arrival to the receiving health care service per MPD local protocols and COPs.

### **4. APPENDICES: none**

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## 10. Procedures to Handle Types and Volumes of Patients That Exceed Regional Resources

### 1. PURPOSE:

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans between counties throughout the region.

### 2. SCOPE:

Major incidents/emergencies that create hazardous conditions that threaten public health that exceed local resources and may involve multiple counties and states.

### 3. GENERAL PROCEDURES:

All EMS agencies and Incident Commanders working during an MCI event shall operate within the National Incident Management System (NIMS).

Based on available local resources, prehospital EMS responders will use appropriate protocols and procedures consistent with the WA State DOH “Mass Casualty-All Hazard Field Protocols” during an All-Hazards-MCI incident. Prehospital EMS responders will additionally follow any other All-Hazards-MCI protocols/county operating procedures (COPs) set forth by the County MPD and County EMS & Trauma Care Council.

The appropriate local Public Health Department will be notified where a public health threat exists. County Local Governing Officials with authority will proclaim a “state of emergency” for incidents/emergencies with health implications that threaten to overwhelm the emergency response resources and healthcare system.

### 4. APPENDICES: None

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Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major <input type="checkbox"/> Minor
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## **10.1 MCI**

### **1. PURPOSE:**

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans between counties throughout the region.

### **2. SCOPE:**

The following material represents a broad guideline for the common practice of our EMS providers when dealing with a mass casualty event

### **3. GENERAL PROCEDURES:**

- a. Triage System:
  - i. Initial triage should be rapid with an emphasis on identifying severe but survivable injuries.
  - ii. A single system should be used throughout the EMS system. For example, START and Jump/START are simple and effective tools for initial triage.
  - iii. A triage tag or identifier should be applied at the time of initial EMS contact.
  - iv. Secondary triage should be applied at the scene (treatment area) with a focus on identifying patients whose outcome will depend primarily on time critical hospital based interventions (surgery/critical care).
- b. Initial Treatment after triage may include:
  - i. Immediate lifesaving treatments should be done as soon as possible based on available resources.
    - a. Maintain open airway.
    - b. Control severe bleeding.
    - c. Treat open (sucking) chest wounds.
    - d. Treat for shock.
  - ii. Secondary treatment
    - a. Spinal restriction (prior to moving the patient).
    - b. Definitive airway placement and oxygen administration.
    - c. Needle decompression of tension pneumothorax.
    - d. Medication and procedures specific to incident.
- c. Transport:
  - i. Critical patients should be the priority for earliest transport to receiving hospitals with an emphasis on those that need immediate surgical interventions.

- ii. EMS staffed transport vehicles should be loaded to full capacity and provide ALS level EMS during transport, if possible.
- iii. When ambulance capacity is exceeded, alternate transport vehicles (buses, etc.) should be considered to move the less severely injured. EMS personnel should be assigned to the vehicles.

#### 4. APPENDICES:

##### Sample triage tag

**Personal Property Receipt/Evidence Tag**  
 Destination: \_\_\_\_\_ Via: \_\_\_\_\_  
 Patient's Name: \_\_\_\_\_  
**All Risk TRIAGE TAG**  
 RESPIRATIONS: **R** ☐ Yes ☐ No  
 PERFUSION: **P** ☐ + 2 Sec. ☐ - 2 Sec.  
 MENTAL STATUS: **M** ☐ Can Do ☐ Can't Do  
 Move the Walking Wounded: **MINOR**  
 No Respirations After Head Tilt: **MORGUE**  
 Respirations - Over 30: **IMMEDIATE**  
 Perfusion - Capillary Refill Over 2 Seconds: **IMMEDIATE**  
 Mental Status - Unable to Follow Simple Commands: **IMMEDIATE**  
 Otherwise: **DELAYED**  
**VITAL SIGNS**  
 Time: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_  
 Time: \_\_\_\_\_ Drug Solution: \_\_\_\_\_ Dose: \_\_\_\_\_  
**PERSONAL INFORMATION**  
 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_ RELIGIOUS PRE: \_\_\_\_\_  
**MORGUE**  
 Pulseless/Non-Breathing: **MORGUE**  
**IMMEDIATE** Life Threatening Injury: **IMMEDIATE** Life Threatening Injury  
**DELAYED** Non Life Threatening: **DELAYED** Non Life Threatening  
**MINOR** Walking Wounded: **MINOR** Walking Wounded

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## 10.2 All Hazards

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1. PURPOSE:

2. SCOPE:

3. GENERAL PROCEDURES:

4. APPENDICES:

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### **10.3 Highly Infectious Disease**

#### **1. PURPOSE:**

To provide guidance to Medical Program Directors and EMS agencies regarding the identification, triage, treatment, transport, and post incident management of patients with suspected highly infectious diseases.

#### **2. SCOPE:**

The incidence and risk associated with highly infectious diseases and requires a modified level of response from Emergency Medical Services.

#### **3. GENERAL PROCEDURES:**

Use of the Interim Guidance for Emergency Medical Services (EMS) Systems and PSAP/dispatch for management of Patients Under Investigation (PUIs) for in the United States as published by the Centers for Disease Control and Prevention (CDC) is endorsed by the Washington State Department of Health for inclusion in policies, procedures, and protocols.

#### **4. APPENDICES:**

**Link to DOH EMS & Trauma GIS Resource Map**

**<https://fortress.wa.gov/doh/ems/index.html>**

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft	7/1/2020	<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor